

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10-519075*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1	1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
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50						
TOTAL IND.	2	1		1		1
TOTAL DEP.	9	1		1		1
TOTAL CLAIMS	11	2		2		2

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.	1	1		1		1
TOTAL CLAIMS	1	2		2		2